

## INSTRUCTIONS FOR THE UJM POSITION ANALYSIS FORM

All information on the UJM Position Analysis Form should be completed by the incumbent and/or supervisor to reflect the tasks currently assigned to the position. Some information such as Position ID and Job Code can be left blank if not known.

### Physical Requirements

- Sedentary - Typically, the employee may sit comfortably to perform the work. However, there may be some walking; standing; bending; carrying of light items such as papers, books, small parts; driving an automobile, etc. No special physical demands are required to perform the work.
- Moderate - The work requires some physical exertion such as long periods of standing; walking over rough terrain or rocky surfaces; recurring bending, crouching, stooping, stretching, reaching, or similar activities; recurring lifting of moderately heavy items such as typewriters and record boxes. The work may require specific but common physical characteristics and abilities such as lifting up to 50 pounds, above-average agility, and dexterity.
- Strenuous - The work requires considerable and strenuous physical exertion such as frequent climbing of tall ladders, lifting heavy objects over 50 pounds, crouching or crawling in restricted areas, defending oneself and/or others against physical attack.

### Working Conditions

- Everyday Risks - Risks found in the typical office setting, which is adequately lighted, heated and ventilated, e.g., safe use of office equipment, avoiding trips and falls, observing fire regulations, etc.,
- Special Risks - Risks which require the use of special safety precautions and/or equipment, e.g., working around operating machines, working with contagious diseases or hazardous chemicals, etc.
- High Risk - Risks found in potentially dangerous or unusual environmental stress situations, e.g. working at great heights, working in extreme outdoor weather conditions, being subject to possible physical attack, etc.

**Safety Sensitive** – For HR use only. Do not complete this section.

**Purpose and Distinguishing Characteristics** – Give a general overall description of the job.

### Task List

Only tasks that are actually performed should be listed (do not list tasks just because they are on the Job Description). List tasks in order of importance (the task with the highest percentage is not necessarily the most important). Information regarding the tasks does not have to be provided in great detail, but in enough detail to be understandable and reasonably clear.

- % - Each task must have a percentage of time assigned representing the amount of time spent on that task. Percentages for all tasks must add up to 100%.
- E/M - Determine if each task is Essential (E) to the position or Marginal (M). If this task was taken away from this position or the employee was unable to perform this task, would it significantly change the purpose of this position?
- Knowledge/Skills/Abilities - List the Knowledge, Skills and Abilities (KSA's) needed to perform each task.
- Level - Determine the level of knowledge or experience required for entry into the position. If supervisory experience is required for a particular KSA, write (S) next to the level number.
  - 0 -- Requires little or no knowledge or work.
  - 1 -- Requires a general knowledge without much practical work experience OR limited work experience performed under close supervision.
  - 2 -- Requires specialized knowledge and/or demonstrated work experience sufficient to perform tasks independently.
  - 3 -- Requires specialized knowledge and a high skill level, with demonstrated work experience in performing a variety of specialized and/or complex tasks.
  - S -- Requires demonstrated work experience in supervising or managing others in the performance of this task. (Use this in addition to one of the number levels above, i.e. 2S)
- R/T - Determine if each KSA is Required (R) upon entry into the position or Trainable (T) after entry into the position.

# UTAH DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

## UTAH JOB MATCH (UJM) POSITION ANALYSIS FORM (PAF)

Position ID	Low Org	Division

Incumbent

Current Job Title	Job ID

Working Title	Time in Position

Current Supervisor	Supervisor's Phone #

Location and Work Address

Physical Requirements	Working Conditions	Safety Sensitive (for HR use only)
<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Strenuous	<input type="checkbox"/> Everyday Risks <input type="checkbox"/> Special Risks <input type="checkbox"/> High Risks	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None  <input type="checkbox"/> POST             </div> <div> <input type="checkbox"/> Firearms/Drugs Access  <input type="checkbox"/> General Safety             </div> </div>

Y If Applicable
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Travel Required  <input type="checkbox"/> On Call / Standby  <input type="checkbox"/> Required Response Time             </div> <div> <input type="checkbox"/> Afternoon Shift  <input type="checkbox"/> Graveyard Shift  <input type="checkbox"/> Rotating Shifts             </div> </div>

Purpose of Position / Distinguishing Characteristics:

Task List

%	Task	E/M	Knowledge/Skills/Abilities	R	T

E/M= ESSENTIAL/MARGINAL

R=REQUIRED SKILL

T=TRAINABLE SKILL

**1. Which function is the most complex or difficult to perform and why?**

**2. What guidelines (e.g. manuals, established policies and procedures, traditional practices, etc.) Are available to aide the incumbent in their position and what judgment is needed to apply them?**

**3. Describe the projects, assignments, programs, etc., for which the incumbent is accountable.**

**4. Indicate the decisions the incumbent has the authority to make on their own in performing this position.**

**5. Describe the how the incumbent's work product affects the work of other individuals both internal and external to this organization.**

**6. Describe the type of instruction the incumbent receives from their supervisor - detailed, general, etc. How is work prioritized? How closely and how often is the incumbent's work reviewed?**

**7. Indicate the type and size of total workforce the incumbent leads, supervises, manages, or directs (including non-state employees such as inmates, patients, volunteers, National Guard personnel,etc.)**

**8. Of the workforce the incumbent supervises, indicate the positions directly supervised and evaluated through performance appraisal.**

**Education, Degree, Licenses, or Certifications required by this position.**

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**Incumbent's Signature**

**Date**

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**To Be Completed By Supervisor**

**1. Did the employee describe his/her job correctly and completely?**

- ☐ YES  
☐ NO

**2. Any other position requirements or comments.**

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**3. Have the duties changed to support a review of this position?**

- ☐ YES  
☐ NO

**4. If yes, list tasks that have changed?**

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**5. When did tasks change?**

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**6. Where did these duties come from (i.e. new, another position, etc.)?**

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**7. Supervisor's comments on the employee's statements.**

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**Supervisor's Signature.**

**Date**

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Item A, "Physical Requirements Classification" is required for all positions. Item B is required for all positions which are not classified as "sedentary/light duty". Item B below may also be used as a comprehensive Physical Requirements Analysis in the event of a request for reasonable accommodation by an applicant or current employee who declares a disability.

Check one:

### B. DETAILED PHYSICAL REQUIREMENTS ANALYSIS:

Use the following codes to denote frequency, where applicable:

O = Occasional: Infrequent, but critical demand.

Vehicles or equipment driven:

Total Hours Per Shift

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Frequency (see codes)

___ lift ___ lb.	_____	_____
___ carry ___ lb.	_____	_____
___ talk/hear	_____	_____
___ push	_____	_____
___ see	_____	_____
___ climb	_____	_____
___ pull	_____	_____
___ bend	_____	_____
___ stoop or kneel	_____	_____
___ twist or twist & lift	_____	_____
___ crawl	_____	_____
___ use foot controls	_____	_____
___ eye-hand coordination	_____	_____
___ balance	_____	_____
___ reach/shoulder	_____	_____
___ repeated use of arms	_____	_____
___ repeated use of wrist and/or hands	_____	_____

Frequency (see codes)

_____ repeated use-fingers	_____	_____
_____ grasp	_____	_____
_____ finger dexterity	_____	_____
_____ eye-foot coordination	_____	_____
_____ walk on either level	_____	_____
_____ or uneven surface	_____	_____
_____ driving on rough	_____	_____
_____ terrain	_____	_____
_____ other:	_____	_____

Comments: